

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015446

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 33

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBONRegistration District No. 87
FILED APR 17 1963

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE COLORADO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		c. CITY OR TOWN GOLDEN	
Length of stay in 1b MINUTES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SULLIVAN COMM. HOSP.		d. STREET ADDRESS (If outside, give location) 2725 LOOKOUT VIEW DR.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First PATRICK Middle QUENTIN Last BARRETT			4. DATE OF DEATH Month APRIL Day 7 Year 1963				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB 24, 1942	9. AGE (last birthday) 21	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY DRURY COLLEGE		11. BIRTHPLACE (City and state or country) OLAR PARK, ILL.			
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME CLAUDE S. BARRETT		13b. MOTHER'S MAIDEN NAME WINNIE FOLKES			
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. MR. LESTER L. COX, SPRINGFIELD, MO.			
17. INFORMANT MRS. LESTER L. COX, SPRINGFIELD, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Head Injury multiple fractured & intra-cerebral bleeding Interval between ONSET AND DEATH 15-20 MIN. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car Accident Interval between ONSET AND DEATH 15-20 MIN. DUE TO (c) Car Accident Interval between ONSET AND DEATH 15-20 MIN.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) CAR LEFT HI-WAY WHEN PASSING;	
20c. TIME OF INJURY Hour 4:30 p.m. Month, Day, Year 4-7-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 MI. E. OF SULLIVAN ON HI-WAY 66		20f. CITY, TOWN, OR LOCATION FRANKLIN, MO.	
20g. COUNTY FRANKLIN, MO.		20h. STATE FRANKLIN, MO.	

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 4-7-63 Dead on 4:50 P. Arrival m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. J. Gien	22b. ADDRESS Sullivan, Mo.
22c. DATE SIGNED 4-8-63	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 10, 1963	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR JEWEL WINDLE, SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. April 11, 1963	26. REGISTRAR'S SIGNATURE William Cowan	

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1963

JUN 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Harrison W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.